

INDIANA OFFICER'S STANDARD CRASH REPORT										Page	1	of	6	
Electronic Version										903262922				
Local ID										201800372552				
Date of Crash 11/17/2018	Day of Week Sat	Actual Local Time 7:49 AM	County HENDRICKS	Township GUILFORD	# Motor Vehicles 3	# Injured 1	# Dead 0	# Commercial Vehicles 3	# Door 0					
Road Crash Occurred On 170W			Nearest Intersecting Road/Mile Marker/Interchange 64.5		If not an intersection, number of feet from		Direction		Road Classification INTERSTATE					
Inside Corporate Limits? YES		City/Town or Nearest City/Town PLAINFIELD(HENDRICKS)			Property?		Crash Latitude		Crash Longitude					
Driver #1 MCCLURE, ROSA, M		Driver #2 HANEY, DONALD, P		Driver #3 PALOMINO, FLORENTINO, S		Driver #4								
<b>Driver Contributing Circumstances</b> <input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 <input checked="" type="checkbox"/> Driver Contributing Circumstances <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Conditions <input type="checkbox"/> Unsafe Lane Movement <input type="checkbox"/> Other <input checked="" type="checkbox"/> None					<b>Vehicle Contributing Circumstances</b> <input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 <input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversized/Overweight Load <input type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other <input checked="" type="checkbox"/> None					<b>Environment Contributing Circumstances</b> <input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 <input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure <input type="checkbox"/> Utility Work <input type="checkbox"/> Other <input checked="" type="checkbox"/> None				
<b>Area Information</b> Hit and Run NO School Zone NO Rumble Strips NO Locality RURAL Light Condition DAYLIGHT Weather Conditions CLOUDY Surface Condition DRY Type of Median Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/HILLCREST Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices LANE CONTROL Traffic Control Device Operational? NA														
Total Estimate of all damage in the Crash: \$50001 TO \$100000														
Other Property Damage (1)		State Property	Owner's Name and Address											
Other Property Damage (2)		State Property	Owner's Name and Address											
Witness/Other Participant					Non-Motorist									
<input checked="" type="checkbox"/> Witness	#	Name			(Last Name, First Name, MI)									
<input type="checkbox"/> Other Participant	1	JOHN WADE												
Address etc. 5877 GADSEN DR. PLAINFIELD IN 46168					Non-Motorist Type									
Phone # 3175158286					Non-Motorist Action									
Location at Time of Crash DIRECTLY BEHIND VEHICLE 2					Apparent Physical Condition									
<input type="checkbox"/> Witness	#	Name			Cited? Direction									
<input type="checkbox"/> Other Participant					Street/Highway									
Address etc.					Traffic Control? If yes, was traffic control operational?									
Phone #					Location at Time of Crash									

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### Narrative

**Location:** Interstate 70, westbound, 64.5 mile marker, Plainfield Indiana, Hendricks County.

Prior to crash, Vehicle #1 had been stopped on the right shoulder, just before the entrance to the westbound rest park at the 64.5 mm on I-70. The Driver and Co-Driver of vehicle #1 were taking a 30 minute break and changing from one driver to the other. After completing their 30 minute break, Driver #1 began to slowly roll out to continue westbound on I-70. Vehicle #1 had their flashers on, but Driver #1 chose not to drive into the rest park via the entry lane. Driver #1 decided to cross over the marked entry way lane and onto the primary roadway shoulder. The shoulder of I-70 at this location is at the top of a slight hillcrest and traveling traffic have either a 70 mph speed limit or a 65 truck limit. After slowly accelerating, with a fully loaded trailer, Vehicle 1 went approximately 530 ft between starting from the shoulder to area of impact. Driver #1 decided to merge into the first lane of travel from the shoulder rather than accelerating into the exit ramp merge lane. This decision along with Vehicle #1 speed and the limited view of other approaching vehicles created this crash.

Driver #3 was operating Vehicle #3, which was overtaking Vehicle #2, on Vehicle #2's left in lane 2.

As Driver #2 was coming up the hill, an unrelated CMV ahead of him in lane 1 made a sudden lane change to lane 2. The unrelated CMV did so because of Vehicle #1's slow speed and decision to merge into moving traffic at such a slow speed and from the shoulder. Due to the sudden awareness Driver #2 had to Vehicle #1's lane movement into his lane and the fact that Vehicle #3 had not yet finished passing Vehicle #2 on the left. Driver #1 tried to swerve to the left in an attempt to avoid a straight on rear end collision with Vehicle #1. Vehicle #2 struck the back of Vehicle #1 in an offset manor which destroyed the right side of the tractor unit of Vehicle #2. As Vehicle #2 made contact with Vehicle the trailer of Vehicle #1, the tractor unit of Vehicle #2 side swiped the trailer of Vehicle #3, causing trailer and tire damage to Vehicle #3. The post crash debris field was approximately 330 ft long and covered both lane 1 and the rest park exit acceleration lane.

Witness #1 was directly behind Vehicle #2 coming past the rest park. Witness #1 stated that Vehicle #2 was only going about 60 mph prior to the crash due to the other traffic around and that he saw Vehicle #1 just come straight out of the shoulder into the travel lane with no attempt to use the paved merge lane meant to allow exiting vehicles to speed up prior to entering lane #1.

Enforcement Action: Driver #1 was cited for "unsafe lane movement" - Infraction

Driver #2 was taken to Hendricks Regional Hospital for head lacerations and treated and released. I spoke to him at the hospital as part of my investigation.

Vehicle #1 had trailer damage that made it unsafe to use further and was escorted to Curtis Wrecker, Little Point, Indiana along with Vehicle #2, which required towing.

*Narrative Continued...*

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Vehicle #3 had two flat right side tandem tires on the trailer unit, they remained on scene, on the shoulder with three triangles out, as their company was contacting a tire service for roadside repairs. Vehicle #3's final rest is not shown due to the stopping distance from the area of impact.

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UNIT INFORMATION				903262922		Page 4 of 6	
Local ID 20180C372552							
2 Driver's Name (Last, First, MI) MCCLURE, ROSA, M				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 2104 N HANCOCK AVE ODESSA TX 79761				Safety Equipment Effective? YES			
Date of Birth 11/02/1968				Age 52		Gender FEMALE	
Driver's License # 25566P44				Lic Type CD		CDL Class A	
Lic State TX				Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown				Restrictions <input checked="" type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll-Free Employment			
Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input type="checkbox"/> None				Location of Most Severe Injury			
Test Given NONE				Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results				Drug Results			
PBT Veh# Color 1 RED # Occupants 2 # Axles 3 Speed Limit 65				Certified Test <input type="checkbox"/> Pending License Year 2019 License # R356519 License State TX Phone Number 8003699010			
Vehicle Identification # 1XKAD49X4B122809B Registered Owner's Name (Last, First, MI) AXIS SOLUTIONS INC Address (Street, City, State, Zip) 5701 PAN AMERICAN SUITE C EL PASO TX 79927				Initial Impact Area <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown				Vehicle Use COMMERCIAL (TAXIS, COMMON, CONTRACT) Emergency Run? <input type="checkbox"/> Fire? <input type="checkbox"/> NO			
Towed? <input type="checkbox"/> To By NO 1a Lic State TX Lic Year 2018 Registered Owner's Name (Last, First, MI) AXIS SOLUTIONS INC License # 1130550 Address (Street, City, State, Zip) PO BOX 874 Veh Year 2016 Make UTILITY CLINT TX 79936 Lic State TX Lic Year 2018 Registered Owner's Name (Last, First, MI) AXIS SOLUTIONS INC License # 1130550 Address (Street, City, State, Zip) 420 PAN AMERICAN DR EL PASO TX 79936 HAZMAT Proper Shipping Name: HAZMAT Release of Cargo HAZMAT 4-Digit ID# NC US DOT# C000666640 ICC# CMV Inspection NO If Yes Gross Vehicle Weight Rating 26,001# OR MORE Cargo Body Type VAN/ENCLOSED BOX HAZMAT Hazard Class #				Vehicle Type TRACTOR/ONE SEMI TRAILER Pre-Crash Vehicle Action ENTERING TRAFFIC LANE Direction of Travel WEST Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp			
Event Collision With 1. ANOTHER MOTOR VEHICLE							

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Local ID 20180C372552					903262922											
3 Driver's Name (Last, First, MI) HANEY, DONALD P					Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) 616 SEMINOLE CREEK CT LEXINGTON KY 40511					Safety Equipment Effective? YES											
Date of Birth 11/01/1958					Age 60		Gender MALE		Ejection/Trapped NOT EJECTED OR TRAPPED							
Driver's License # 46406770			Lic Type CD		CDL Class A		Lic State NC		EMS No. 123		Injured Attn YES	Driver Injury Status INCAPACITATING - TRANSPORTED				
Nature of Most Severe Injury SEVERE BLEEDING					Location of Most Severe Injury HEAD											
<b>Apparent Physical Status</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown					<b>Restrictions</b> <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol/From Employment					<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None			<b>If Cited?</b> <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		<b>IC Codes</b>	
<b>Test Given</b> NONE					<b>Type Given</b> <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT											
<b>Alcohol Results</b> PBT					<b>Drug Results</b> <input type="checkbox"/> Pending											
Veh# 2		Color WHITE		Vehicle Year 2005		Make KENWORTH		Model 900		Style CC		<b>Initial Impact Area</b> <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown				
# Occupants 1		Lic Year 2019		License # MW3627		License State NC		Phone Number 4024947448		<b>Areas Damaged (Multiple)</b> <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown						
# Axles 3		Speed Limit 65		Insured By GREAT WESTERN INS		Vehicle Identification # 1XKWDBS065J065149		Registered Owner's Name (Last, First, MI) SILVER BULLET EXPRESS INC								
Address (Street, City, State, Zip) 132 EAGLES RIDGE RD SYLVIA NC 28779																
<b>Towed?</b> YES					<b>To</b> LITTLE POINT INDIANA <b>By</b> CURTIS WRECKER					<b>Due to Disabling Damage</b> YES						
<b>2a</b> OK					<b>Lic State</b> OK					<b>Lic Year</b> 2019						
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<b>Lic State</b> NC					<b>Lic Year</b> 2019					<b>Registered Owner's Name (Last, First, MI)</b> SILVER BULLET EXPRESS INC						
<b>License#</b> AD5572					<b>Address (Street, City, State, Zip)</b> 132 EAGLES RIDGE RD SYLVIA NC 28779											
<b>Veh Year</b> 2016					<b>Make</b> REIT					<b>Lic State</b> NC						
<b>Lic State</b> NC					<b>Lic Year</b> 2019					<b>Registered Owner's Name (Last, First, MI)</b> SILVER BULLET EXPRESS INC						
<b>License#</b> AD5572					<b>Address (Street, City, State, Zip)</b> 132 EAGLES RIDGE RD SYLVIA NC 28779											
<b>Veh Year</b> 2016																



UNIT INFORMATION				903262922		Page 6 of 6	
Local ID 20180C372552							
4 Driver's Name (Last, First, MI) PALOMINO, FLORENTINO, S				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 603 W 1ST				Safety Equipment Effective? YES			
KRESS TX 79052				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 03/23/1985		Age 53		Gender MALE		Driver Injury Status	
Driver's License # 1181 C55		Lic Type CD		CDL Class A		Lic State TX	
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown				Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None			
Test Given NONE				Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT				Drug Results			
Certified Test <input type="checkbox"/> Pending							
Veh# 3		Color BLUE		Year 2019		Style CC	
# Occupants 2		Lic Year 2019		License # W27218		License State NE	
# Axles 3		Speed Limit 65		Insured By ACE AMERICAN INSURANCE CO		Phone Number 8004318218	
Vehicle Identification# SAKJH1DR4KGKJ5075				Initial Impact Area <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Registered Owner's Name (Last, First, MI) WERNER ENTERPRISES INC				Areas Damaged (Multiple) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Address (Street, City, State, Zip) 14507 FRONTIER RD							
OMAHA NE 68138				Vehicle Use COMMERCIAL (TAXI, COMMON, CONTRACT)			
Towed? To By NO				Due to Disabling Damage			
Lic State NE				Lic Year 2018			
Registered Owner's Name (Last, First, MI) WERNER ENTERPRISES INC				<input type="checkbox"/> Same as Driver			
License# 28219W				Address (Street, City, State, Zip) 14507 FRONTIER RD			
Veh Year 2019				Make WANG			
Lic State NE				Lic Year 2018			
Registered Owner's Name (Last, First, MI) WERNER ENTERPRISES INC				<input type="checkbox"/> Same as Driver			
License#				Address (Street, City, State, Zip)			
Veh Year				Make			
Commercial Vehicle: Carrier's Name and Address 3 WERNER ENTERPRISES INC				Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp			
14507 FRONTIER ROAD				Event Collision With 1. ANOTHER MOTOR VEHICLE			
OMAHA NE 68138							
HAZMAT Proper Shipping Name:				State DOT#			
US DOT# C000053467		ICC#		CMV Inspection NO		If Yes	
Gross Vehicle Weight Rating 26,001# OR MORE		Cargo Body Type VAN/ENCLOSED BOX					
HAZMAT Placard NO		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	



----User Attributes----

User Name = Independent Crawfordadj  
Racf Identifier = ICRAWF1  
User Identifier = ICRAWF1  
Email Address = Crawford\_Adjustors@gwccnet.com  
Web Key Type = IAD  
Web Key Code =  
Agency Name =  
Agent Number =  
Company Name =  
Web Operator Identifier =

----Form Parameters----

claimDocumentComments =  
claimDocumentDate = 11/27/2018  
claimDocumentType = 130  
claimDocumentType\_SELECT = 130  
claimLossState = IN  
claimNumber = P24604  
claimType = L  
claimUserReference =  
fileContentType = application/pdf  
fileName = 3342899\_PR (002).pdf  
insuredName = SILVER BULLET EXPRESS INC  
upload = Upload selected file